

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/510546

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2						
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48						
49	I					
50		I				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIM						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	b					
TOTAL DEP.	b					
TOTAL CLAIM	b					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS